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CONFIRMATION NO. 4453

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/772,270 | FILING DATE<br>02/06/2004<br><br>RULE | CLASS<br>015 | GROUP ART UNIT<br>1744 | ATTORNEY<br>DOCKET NO.<br>5404 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none, lcg*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none, lcg*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/05/2004

|   |          |         |        |             |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Allowance<br><i>Laura Aquino</i><br>Examiner's Signature Initials  | CANADA   | 6       | 20     | 3           |

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TITLE  
 Toothbrush

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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